PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I; by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notificat CURRENT CORRESPONDE		lock 1 for any change of address)	Nou	: A certificate of ma	iling can only be used fo	r domestic mailings of the
			Feet	s) Transmittal. This c	ertificate cannot be used for	or any other accompanying nt or formal drawing, must
22858	7590 05/14	1/2009				
CARSTENS & POBOX 80233 DALLAS, TX 75			I he Stau addr tran	reby certify that this I es Postal Service with essed to the Mail St	cate of Mailing or Transice(s) Transmittal is being sufficient postage for firstop ISSUE FEE address (571) 273-2885, on the different postage of t	deposited with the United t class mail in an envelope above, or being facsimile
						(Depositor's name)
			•			(Signature)
			·	(via EFS-V	Veb)	(Date)
APPLICATION NO.	FILINO DATE		FIRST NAMED INVENTOR	Ą	ITORNEY DOCKET NO.	CONFIRMATION NO.
10/574,430	11/28/2006		Yuuichi Terada		CONDA.00032	7558
TITLE OF INVENTION MEMBER	N: SHORT-CIRCUITI	NG MEMBER, COMN	MUTÄTOR, AND METH	OD OF MANUFAC	ETURING SHORT-CIRC	CUITING
APPLN.TYPĖ	SMALLENTRY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	08/14/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LAM, THANH		2834	310-233000			
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.		inge of Correspondence Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
	ess an assignee is ident in 37 CFR 3.11. Comp		THE PATENT (print or typedata will appear on the port a substitute for filing and (B) RESIDENCE: (CITY	stent. If an assignee		ocument has been filed for
ASMO Co.,	Ltd.		Japan			
Please check the appropri	ate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖾 Corp	oration or other private gro	sup entity Government
4a. The following fee(s) are submitted: Solution Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0392 (enclose an extra copy of this form).			
5. Change in Entity Stat	us (from status indicate SMALL ENTITY state				1.1.111111	
NOTE: The Issue Fee and	Publication Fee (if rea		d from anyone other than the	The second secon	ENTITY status. See 37 Cired attorney or agent; or th	ne assignce or other party in
	Christop	A	yan_	Date Quel	1 21, 2009	
Typed or printed name	Christophe	er P. O'Haga	in	Registration No.		
an ampicalion tontidenti	application form to the ons for reducing this building this building the property of the prope	13 N.C. 197 and C76'MR	I is This collection is set	imulad to take 12 mis	utas to somplata includia	i by the USPTO to process) ig gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.